

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Adrian P. Stephens

Title: SYSTEMS AND METHODS TO CONVEY ADDITIONAL SIGNALING INFORMATION IN
A WIRELESS LOCAL AREA NETWORK

Docket No.: 884.B92US1

Serial No.: 10/806,893

Filed: March 23, 2004

Due Date: N/A

Examiner: Wanda Z. Russell

Group Art Unit: 2616

MS Amendment

Commissioner for Patents

P.O. Box 1450

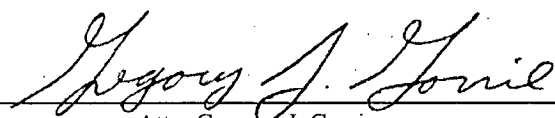
Alexandria, VA 22313-1450

We are transmitting herewith the following attached items (as indicated with an "X"):

- ☒ Supplemental Information Disclosure Statement (2 pgs.), Form 1449 (1 pg.), and copies of 2 cited documents.
- ☒ Authorization to charge Deposit Account 19-0743 in the amount of \$180.00 to cover the fee for consideration of Information Disclosure Statement under 97(c).

If not provided for in a separate paper filed herewith, Please consider this a PETITION FOR EXTENSION OF TIME for sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 19-0743.

SCHWEGMAN, LUNDBERG & WOESSNER, P.A.
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(GENERAL)

S/N 10/806,893

PATENT

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicant respectfully requests that this Supplemental Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants hereby authorize the Commissioner to charge the fee of \$ as set forth in 37 C.F.R. §1.17(p), to Deposit Account No. 19-0743. Please charge any additional fees or credit any overpayment to Deposit Account No. 19-0743.

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

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The Examiner is invited to contact the Applicant's Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

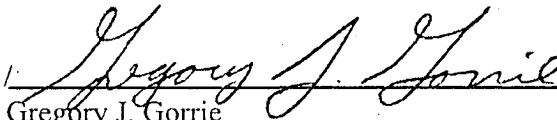
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